



*Handwritten initials: AN*

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Ruth Zak Leib (Depositor's name)  
*Ruth Zak Leib* (Signature)  
10/01/99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/059,994	04/13/98	022	MARCELO, E	3653 07/01/99
First Named Applicant	MCCALL, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION **AN IMPROVED TOILET PAPER DISPENSER**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	242-599.000	V21	UTILITY	YES	\$605.00	10/01/99

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael R. McKenna  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)  
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(Authorized Signature) *[Signature]* (Date) 10/1/99  
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